


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>3</b>		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.										
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>										
1. CONTRACT/PURCH ORDER NO. <b>N00383-01-G-015N</b>			2. DELIVERY ORDER NO. <b>UZ6Q</b>		3. DATE OF ORDER (YYMMDD) <b>2003 OCT 23</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03119000306</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY CODE <b>SP0700</b> <b>Defense Supply Center Columbus</b> <b>3990 E.Broad St.</b> <b>P.O. Box 16704</b> <b>Columbus,OH 43216-5010</b> <b>Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238</b> <b>E-mail: Myrtice.Miller@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S0707A</b> <b>DCMA SIKORSKY AIRCRAFT</b> <b>6900 MAIN ST PO BOX 9731</b> <b>STRATFORD, CT 06615-9131</b> <b>CRITICALITY: B</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR CODE <b>78286</b>  <b>NAME AND ADDRESS</b> <b>SIKORSKY AIRCRAFT CORP</b> <b>6900 MAIN ST</b> <b>STRATFORD CT 06615-9129</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>282 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
				12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>				
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>HQ0337</b> <b>HQ0337 DFAS COLUMBUS CENTER</b> <b>NORTH ENTITLEMENT OPERATIONS</b> <b>P O BOX 182266</b> <b>COLUMBUS OH 43218-2266</b> <b>EFT: T</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <b>offer dated 2003 OCT 01, CQ43R03</b> and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>										
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICE 20. QUANTITY ORDERED/ACCEPTED* 21. UNIT 22. UNIT PRICE 23. AMOUNT										
<div style="display: flex; justify-content: space-between;"> <div> <b>Remarks:</b>  <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> </div> <div> <b>TOTAL:</b>  <b>10</b> </div> </div>										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.  24. UNITED STATES OF AMERICA <b>Ramona Joe</b> <b>PAAABB4</b> BY: 				25. TOTAL <b>\$ 27266.10</b>		26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. CONTRACTING/ORDERING OFFICER OTHER NO.		
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  36. I certify this account is correct and proper for payment.  DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL  32. PAID BY		29. DIFFERENCE  30. INITIALS  33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER  35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		
								42. S/R VOUCHER NO.		

## CONTINUATION SHEET

Order Number:

N00383-01-G-015N-UZ6Q

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## SECTION B

PR YPC03119000306  
NSN 1045-00-136-2549

## ITEM DESCRIPTION:

SUPPORT SUBASSEMBLY  
SIKORSKY AIRCRAFT CORP

(78286) P/N S6175-63001-17

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03119000306	0001	10	EA	\$2726.61000	\$27266.10

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = 10: CLNG/DRY = 1: PRESV MAT = 00:  
WRAP MAT = EA: CUSH/DUNN MAT = BG: CUSH/DUNN THKNESS = A:  
UNIT CONT = DA: OPI = O:  
INTRMDTE CONT = XX: INTRMDTE CONT QTY = 012:  
PACK CODE = Q: PACKING LEVEL = B:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E  
DATED 3029  
SUPPLEMENTAL INSTRUCTIONS  
CLASS DOMESTIC, FIRE RETARDANT. SEE MIL-S

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 JUL 31

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SECTION B

PARCEL POST ADDRESS:

FMS REQ'T  
CONTACT TRANS OFFICE AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) PCN05430993373   XXX  
RDD 129  
PROJ       TP 2  
SUP ADD PCBJQX       SIG L

FOR GOVERNMENT USE ONLY: IPD 06

DIC A0A   DIST F9C   ADV 2L   FC   48

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REMIT PAYMENT TO:

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